FEDERAL ASSISTANCE		2. DATE SUBMITTED May 12,		Applicant identifier N/A	
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier N/A	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
. APPLICANT INFORMATION			Organizational Linit:		
COMMITTEE FOR SUSTAINABLE AGRICULTURE			Organizational Unit:	the standard or motters involving	
Address (give city, county, State, and zip code): 406 Main Street, Suite 313 Watsonville, CA 95076			Name and telephone number of person to be contacted on matters involving this application (give area code) Lynn Young (831) 763-2111		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 - 0 0 3 5 4 7 8. TYPE OF APPLICATION:			7. TYPE OF APPLICA A. State B. County	ANT: (enter appropriate letter in box) N H. Independent School Dist. I. State Controlled Institution of Higher Learning	
New ☐ Continuation ☐ Revision			C. Municipal D. Township E. Interstate	J. Private University K. Indian Tribe L. Individual	
If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-Profit 501 (c) 3		
			9. NAME OF FEDER CALFE	AL AGENCY:	
TITLE: N/A 12. AREAS AFFECTED BY PR Madera, Fresno, S Clara, CA 13. PROPOSED PROJECT	OJECT (Cities, Counties, S tanislaus, Alan	neda, Santa 	Educationa address the production	tal Stewardship and al Conferences and Tours t ne impact of agriculture n and landscape management ta Ecozones	
Start Date Ending Date 11/1/00 10/31/0	a. Applicant 17th	District	·	: 1, 14, 16, 18, 19, 20	
15. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 F	N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?	
a. Federal b. Applicant	\$ 9	07,000 [∞]	a. YES. THIS PRI AVAILAB	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372	
c. State	\$.00	PROCESS FOR REVIEW ON: DATE May 12, 2000		
d. Local	\$	00	-	•	
e. Other	\$	00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. X No		
f. Program Income	\$.00			
g. TOTAL] '	97,000 .**			
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODY OF	LICATION/PREAPPLIC THE APPLICANT AND	CATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Representative Lynn Young b. Title Executive			Director	c, Telephone Number (831) 763-2111	
d. Signature of Authorized Rep		-11		e. Date Signed May 12, 2000	
Previous Edition Usable	Nine.	()	•	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	

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